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CHEMICAL DEMORPHINIZATION.

Translated from the *Progres Medical* of August 1, 1893, by F. E. Chandler, M. D.,
Boston, Mass.

It is only a short time since all difference of opinion as to the best method of demorphinization referred merely to the length of time of weaning. Some authors advised the slow method; others were enthusiastic over the rapid method, and it is the latter which in skillful hands gives the best results.

Dr. Paul Sollier read recently to the Academie de Medecine a most interesting paper in which he gives his results in 57 cases, all treated by this rapid method (Erlenmeyer's method).

I myself have not used this method for more than four years, but have employed another that gives even better results. I published it in 1894, in Penfold and Stintzing's *Manual of Therapeutics*.

On the occasion of a visit made by Dr. Sollier to my sanatorium at Bensdorf (Rhein), I learned that this

new method of demorphinization was unknown to my French colleagues, and I hasten to describe it.

It is, to give a very short description, a chemical method that has no connection either with the length of time required for treatment or with the more or less rapid diminution of the usual dose of morphine.

Chemical observation of certain symptoms following suppression of the drug must have shown their resemblance to the symptoms of hyper-acid dyspepsia. We find in both not only the direct gastric symptoms, such as intestinal pain and pressure, nausea, vomiting, diarrheas and numerous motions; but we find also the indirect symptoms—sensation of warmth in the back, uneasiness of the limbs and trunk, painful sensations of the

legs. We were then led to investigate if there did not exist in the stomach at the time of the suppression of the morphine the same change that is found in hyper-acid dyspepsia—that is to say, an excess of hydrochloric acid.

This state of the stomach proven it was necessary to look for the cause, and this was not difficult to find.

Marme, Stolnikow, Rosenthal have shown that a portion of all morphine injected hypodermically finds its way into the stomach, and Alt, who has repeated these experiments, has been able to prove that the amount that goes to the stomach is equal to about one-half of the dose injected. Alt discovered also that this elimination of the drug into the stomach commences but a few moments after the sub-cutaneous injection.

Meditation upon this chemical action leads to the following: In a person accustomed to hypodermic injections of morphine the drug penetrates into the stomach, and upon passing through its walls it produces a morphinization of the secretory glands. It must be noted that this narcotized state of the glands becomes almost permanent, for morphinomaniacs take usually from ten to twenty, or even more injections daily, and that sometimes for years. Consequently the narcotized glands cease their functions—that is to say, produce no more hydrochloric acid and an anacid condition of the stomach results. The absence of the acid is not without effect upon the gastric nerves that are normally accustomed to its presence. In addition to this, these nerves are exposed to local narcotization, and it is easy to see that they cease their function under the influence of these two agents.

What then will happen when the administration of morphine is suppressed and the patient receives none or only a small quantity of the drug?

Naturally the contrary of the conditions just mentioned. The narcotized state of the secretory

glands diminishes with the diminution of the morphine; the glands awoken from their morphine sleep, recover their functions and, completely freed from morphine, produce a veritable flood of chlorhydric acid, which acting upon the nerves causes an extraordinary gastric irritation, the result of which are local (gastric) and general disorders—vomiting, pain in the stomach, colic, heat and pain in the back, restlessness of the limbs and trunk, insomnia, quickened pulse. It is needless to say that the nervous symptoms—aside from the gastric symptoms—are of reflex origin, produced primitively by irritation of the gastric nerves, then by the propagation of this irritation to the other parts of the nervous system. If we admit these premises a rational treatment is not difficult to find. Hitzig was the first to make a trial. He emptied a patient's stomach for several days in succession, at the period of suppression of the morphine, thus ridding it of the hydrochloric acid, and then introduced into the stomach some alkaline water (he used Carlsbad water) to neutralize whatever acid might remain. The extremely interesting result of this was that the patient was exempt, if not wholly, yet at least in part, from what we call in Germany "symptoms of abstinence." The patient had neither local gastric symptoms nor other general or reflex symptoms, and especially worthy of note he had neither flashes of heat, pain in the back, nor restlessness or pain in the legs.

This patient, who had been through several cures, was capable of comparing the various methods. His idea was that the last (that is to say, the chemical method) was by far the best, being the easiest to support and causing no severe symptoms.

It is certain that emptying the stomach by means of the stomach tube is by no means an agreeable operation, and many patients, especially if nervous, cannot endure it. For this reason giving up this method of treatment altogether I endeavored to neutralize the hydro-

chloric acid locally. I used Fachingen water that contains a large quantity of bicarbonate of soda (3.5 grammes to the liter), and administered at least one liter daily.

The effect of this medication was most unexpected—none of the direct gastric symptoms appeared, neither vomiting nor colic, and in place of the diarrheas that in all preceding cases had caused so much trouble there was constipation. As to the reflex nervous symptoms they were either absent or so slight that the patients did not suffer from them.

I have treated in this way more than thirty patients in the last three years, and I can say that these cures were incomparably easier than those I had attempted in preceding years; nevertheless the desire for morphine, the psychopathic symptom known as morphinomania, persists in this method. It was therefore interesting to note how the patients, who had been taking morphine from ten to twenty years and were not suffering physically during their treatment, showed such a morbid desire for the

drug that they did their best to obtain it.

Should anyone wish to follow out an absolutely systematic treatment, using the chemical considerations I have suggested, I should then propose that hydrochloric acid be administered during the period of morphinization. In this way the anacidity of the stomach will be avoided, and the gastric nerves will keep up their touch (habitude) with the acid.

This is, I think, the first time that a method of demorphinization based upon chemical principles has been extolled in France, and I have no doubt that it will be the treatment of the future. Each discussion about more or less rapid demorphinization is only a subterfuge to hide our ignorance of the course of morphine in our organism. In reality we know neither the products of its chemical transformation nor the physiological effects of these products upon the organism, and the task of the future is to make them known. If we succeed we shall have the true method of demorphinization; to contribute to it is the aim of this little work.



VASCULAR MOBILITY AND STASIS, INTERRUPTION, ARREST AND RESTORATION OF THE SANGUINOUS WAVE, PHYS- IOLOGICAL AND PATHOLOGICAL.

BY THOMAS H. MANLEY, M. D., NEW YORK.

(Continued from last number.)

MECHANICO-VITAL-ARTERIAL STASIS.

The movement of the blood through the arteries is of great and continuous velocity. Within the smaller arteries, under the microscope, we notice the flash-like motion of the corpuscles in the plasma, so that nothing but a pink streak can be seen, in the centre of which the rapidly moving, rythmical currents may be dimly outlined.

The arterial wall undergoes alternate expansion and contraction with each cardiac impulse; but the relative motion of the blood does not appear to be sensibly augmented by these changes in the arterial calibre.

By moderate digital or ligature compression acting as a brake on the vessel in experimental research we may graduate the pressure in such a manner as to slacken the sanguinous wave, and in this way observe and study at leisure the movements of the corpuscular elements of the blood as they pass from the arteries into the capillaries.

Blood cannot flow through a dead artery, and it moves with difficulty through one seriously damaged by pathological or traumatic causes.

But the structural elements of one of those vessels present marvelous resisting powers second only to those of the nerves, and hence in phagadenic gangrene involving a local part, while the ravages of the disease carry away the connective tissue, integument and muscle, the artery stands out as an impassable barrier, and yields only when its sheath and the vasa-vasorum are encroached on.

We observe the same remarkable immunity in trauma—e. g., a limb may be terribly mangled, stripped of

its integument, the bone-shafts shattered into fragments, muscles rent, tendons torn from their attachments, joints widely opened or disorganized, and yet warmth and sensation in distant parts assure us that the vitality of the limb is preserved. The arteries have come through the terrible ordeal triumphant.

This is the class of mangled limbs in the near past which were promptly condemned for amputation; but let no practitioner or surgeon at the present time in civil life undertake the sacrifice of such a limb without a consultation first with one of experience in the treatment of serious traumatism, or until all the latest resources of conservative surgery are exhausted. To act otherwise is to commit a crime, for to wantonly sacrifice a limb or an appendage of one in possibly the provider of a family or one who maintains himself by manual labor is a terrible blunder, the enormity of which scarcely anything can condone.

Then let no one rush off for amputating instruments or condemn the limb as hopelessly destroyed until proper means for its resuscitation have been perseveringly tested.

When the arterial channels have survived the wreck we have something to build on or to build with, for from the fresh living blood nearly any structure may be regenerated, provided only the matrix tissue have not entirely perished. Thus by grafting enormous plaques of destroyed integument may be regenerated, and by skillful osteoplastic operations, even though a whole bone-shaft is swept away, we may often restore it at least functionally whole. Indeed, as contrasted with former times, it seems little less than

miraculous what intelligent and skillful surgery can accomplish in any description of lesion of a limb with the arteries intact, either the major trunks or finer collaterals.

THE EFFECTS OF VIOLENT FORCE ON AN ARTERY.

In operative surgery we depend on mechanico-vital forces to stem the arterial tide. In serious accidents the main arterial trunks are damaged by various applications of violence.

First. Contusion.

Second. Tension or torsion.

Third. Laceration or incision.

The above comprise the three principal divisions of injury sustained by an artery.

A case came under my care not long since in which, in connection with a simple fracture of the femur, resulting from the passage of a cart-wheel over it, the femoral artery sustained mortal injury, gangrene beginning within twenty-four hours in the foot and leg.

Sometimes in a similar class of injuries in young subjects the main artery of the limb may have become thrombosed and occluded, yet the collaterals undergo prompt dilatation in the establishment of an accessory circulation. This, no doubt, often occurs in injuries above the knee-joint; but at this articulation there are numerous large recurrent anastomotic vessels which readily supply an auxiliary route.

If we carefully investigate many of those cases of senile gangrene that come under our notice we will find that in a considerable proportion the patient at some date earlier in life sustained a severe wrench or contusion of the knee-joint or parts immediately above.

At this articulation the popliteal artery is very firmly held in position by the thick fascia which blends with Winslow's ligament and the sheath of the popliteus muscle.

In violent wrenches or torsion of the knee the popliteal artery cannot escape implication. In complete luxations of the knee-joint the limb is almost invariably doomed, not by irretrievable damage to the soft

parts, but to the destruction of the main artery.

This was indubitably demonstrated in my own practice in the case of a young man who was caught in a belt and dragged over a shaft.

By some unaccountable means only his knees suffered serious injury. They were both dislocated. When brought into the hospital both of his lower extremities were cold and numb below the knee-joints. Reduction was early, but as the ligaments had been extensively torn, retention was difficult.

On the following day evidence of gangrene were apparent in both feet. The unfortunate man would not consent to amputation until four days later, when one limb was removed from the body near the hip-joint. He sank the same night. On examination of the amputated limb and the one intact both popliteal arteries were found completely plugged with partly organized blood-clot. The internal and middle coats of the vessels were extensively lacerated; in the amputated member the artery was torn across by a circular rent involving all except the external fibro-cellular tunic.

TENSION AND TORSION TRAUMA OF THE VESSELS.

The axillary artery is always imperiled in various types of shoulder luxation, when great or protracted force is necessary to effect reduction.

The artery in the axillary pit, however, has a considerable range of motion, lies in a loose atmosphere of cellular tissue and is well protected underneath by a thick layer of muscular tissue from the subscapularis.

Here the vessel is exposed to great tension, contusion and torsion, although it is very rare that one witnesses serious vascular lesion after repeated futile attempts at reduction, the brachial plexus of nerves being the structures most exposed to severe injury.

LACERATED OR INCISED WOUNDS OF LARGE ARTERIAL TRUNKS.

On a superficial view of the subject by one not well acquainted with the marvelous provisions of the

economy in the way of preserving the vascular supply of a limb it might seem that it must be sacrificed if its main arterial trunk has been rent in two through an open wound either by a lacerated or an incised wound. Apropos to this subject knowledge has come to me of a case to the point.

A young man while operating a circular saw slipped and fell on it in such a manner that it ripped through his sleeve, cut through the brachial artery, the centre of the biceps muscle part of the inner border of the triceps and rent the humeral shaft in two. Prompt and intelligent aid was rendered to stanch the hemorrhage until professional service could be rendered.

No doubt the spectacle presented was a harrowing one, but to detach that arm from the body, as was done,

before an effort was made to restore its vitality or give the numerous recurrent branches at the shoulder an opportunity to send the necessary blood to the parts below would, indeed, seem a cruel blunder.

We should regard the division of a large arterial trunk in the same light as its deligation in continuity and nothing more.

Lacerated or divided arteries, of great volume when accessible, should be treated precisely as a divided nerve or muscle, as mere division of an artery with closure of its lumen by fresh blood does not by any means imply its functional impotency. This is a field yet to be cultivated, and if my own health will permit, it is my intention to strive and at least cover part of it during the coming year by experimentation on the lower animal.

<p>COCAINE</p> <p>C.P. ANHYDROUS CRYSTALS.</p> <p>STANDARD OF PURITY THE WORLD OVER.</p>		<p>MURIATE</p> <p>BOEHRINGER-B.&S.</p> <p>DISPENSED BY ALL DRUGGISTS</p>
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LA FOLIE EROTIQUE. .

BY B. BALL, PROFESSOR IN THE UNIVERSITY OF PARIS.

Translated from the third French edition by F. E. Chandler, M. D.

(Continued from last number.)

SEXUAL PERVERSION.

Thus far I have discussed the different forms of erotic insanity; I have shown you the Platonic aberrations; we have discussed those senseless exaggerations of sexual instinct that go to the border line between sanity and insanity and which also often cross it.

In all the cases I have called your attention to it was a question of natural propensity exaggerated, wrongly directed or disguised, but which remained true to its point of origin.

I propose to-day to take up the third part of my subject and to show you those perversions of sexual instinct which are in direct opposition to nature.

We now enter the domain of legal medicine. Persons are often arrested and brought to trial for doing some of the things I have just spoken of, when in reality they are mentally unbalanced and irresponsible for their actions.

In commencing the study of perversion of the sexual instinct I must call your attention to the four classes:

1. The Sadists.
2. The Necrophiles.
3. The Pederasts.
4. The Urnings.

We will now examine in succession the psychological traits that characterize each of them.

1. THE SADISTS.

One of the most ordinary and

natural consequences of the sexual act is an affection, attachment or at least good will between the two participants; affection, often very ephemeral; attachment that may be in almost any degree; but this sentiment exists even in animals.

The morbid tendency to which I wish to call your attention to-day is found at the opposite extreme of this natural inclination. It is the desire to torture, to mutilate or to kill the object of their passion.

We read almost daily of children and young girls being stopped by tramps or beggars and raped and then assassinated with incredible refinement of ferocity. Is it to conceal his crime or to satisfy his instinctive brutality that the assassin sacrifices his victim? Both motives may be called in question, but it is incontestable that some individuals have a morbid satisfaction in making their victims suffer. Without going back to ancient history, without speaking of Cleopatra, who had all her lovers killed when their names were not Antony or Julius Caesar, we find nearer our own time examples of a like perversion.

One of the most valiant generals of Joan of Arc was the Marshal Gilles de Retz, who fought bravely at her side to drive the English out of France.

He was a brave knight, but his morals were so corrupt even for that rude age, that the soldiers said when he rode beside the Maid of Orleans: "There is the Devil riding beside the Holy Virgin."

After the war he filled a very

high position at court and was in the good graces of the King, when he suddenly resigned his position to withdraw to his domain of Mache-coul in Brittany, where for fourteen years he gave himself up to the most abominable orgies, during which he massacred more than 800 children.

He was finally arrested and brought before the supreme tribunal that was presided over by "the very wise and very just Messire Pierre de l'Hospital.

During the interrogatory Pierre de l'Hospital, frightened at the frankness of the terrible confessions of the accused, addressed him in these terms:

"Who incited you to do this; was it not the Tempter, the spirit of evil?"

"I cannot say as to that," replied Gilles de Retz, "but I have myself, and without the advice of anyone, thought out my deeds, instigated doubtless by the Evil One."

Condemned to be burnt at the stake, Gilles de Retz was strangled the day of his execution before being burnt.

A more modern and not less famous personage, the Marquis de Sade, reducing his practices to a system, had created towards the beginning of this century his famous theory of torture with enjoyment (*du plaisir sanglant*). He pretended that in sexual matters the pleasure of the one was in direct proportion to the sufferings of the other.

In his novel entitled "Justine," that is probably the vilest book ever written, he multiplies the most senseless sexual combinations *ad nauseam*. The chief attraction in this singular work is the description of his tortures during coitus. These were not cases of pure speculation, for the Marquis de Sade seduced women to his apartments and made them suffer the mutilations described in his book.

He was finally arrested and condemned to death, but Napoleon, rightly judging that he was insane, had him pardoned and sent to Charenton for life.

The Marquis de Sade has often

been surpassed, for the murderous tendencies I have described may go on to anthropophagy.

Blumroeder attended a man who had had his neck bitten during coitus with a lascivious woman.

We had at Sainte Anne an epileptic of extraordinary strength, who under similar conditions had chewed off the nose of his mistress, tearing the cartilages and breaking the nasal bones with his teeth.

These are, you will say, merely accidents, explosions of erotic insanity. It was not so in the case of Andre Bichel, whose story was reported by Feuerbach.

This man after having violated young girls assassinated them and cut them in pieces. He himself told the court of the dismemberment of Catherina Seidel, one of his victims.

"I opened her chest," he said, "and cut through the soft parts with a knife; then I dismembered the body as a butcher does a calf. I split it with an ax, so as to have it fit the hole I had dug on the bank. During the whole of this operation I had the most violent desire to tear off a bit of flesh and eat it."

A true anthropophagist by the name of Leger satisfied this desire. A vine dresser, 24 years of age, left his home to find a piece. Instead of carrying out his project in a reasonable way he wandered in the woods for a week, suffering with an insane desire to eat human flesh. He finally met a little girl, 12 years of age. He raped her, then tore out her genital organs and heart, ate them, drank her blood and finally buried the corpse.

Arrested shortly afterwards, he calmly acknowledged his crime and was condemned and executed.

Esquirol made the post-mortem and found adhesions between the pia mater and the cortical layers of the brain. Could it have been the beginning of a general paralysis?

Some years since an analogous crime was committed upon a little girl, 6 years of age, by Menesclou. It is well known that the autopsy of this criminal, who was guillotined, revealed the lesions of a chronic meningitis.

It would be easy to multiply examples of analogous cases, but it seems useless.*

Let us merely note three fundamental points that appear to us to characterize acts of this kind.

A. The sexual instinct is never satisfied by coitus; this is a peculiarity already noted in nymphomaniacs. Desire is immediately turned to fury and leads to ferocity, to murder and to anthropophagy.

B. Criminals of this kind love to mutilate the genital organs of their victims. This seems to be a variety of depraved sexual instinct.

C. Nearly all patients of this kind have a bad heredity. They are sometimes foolish or half-idiotic. Autopsies show that these so-called criminals are often irresponsible because insane.

I have just shown the worst form of perverted sexual instinct, that which leads to the most terrible results. I have now to speak to you of other manifestations of this morbid tendency, which, although less dangerous in themselves, are nevertheless contrary to nature.

II NECROPHILIA.

Necrophilism or necrophilia constitutes the extreme degree and one of the most remarkable deviations of venereal appetite. This strange aberration sometimes coincides apparently with perfect sanity.

Heroditus, the historian, tells us of Periandras, tyrant of Syracuse, who after having his wife Melitta assassinated violated her dead body. This historical deed has had many emulators.

Persons given to necrophilia were known to antiquity and in the middle ages as "lycanthropes, vampires, demoniacs, necrophiles," etc. They were the terror of the populace and the object of very severe punishment. It is reported that even priests had been known to violate the dead that had been entrusted to them for the last rites.

* (For a full description, with cases, of all forms of sexual aberration, see Dr. Chaddock's translation of Prof. Krafft-Ebing's "Psychopathia Sexualis." Tr.).

A few years since Dr. Baillarger reported to the Academy of Medicine a very interesting case of this kind.*

One step farther, and we come upon those who, to satisfy their passions, go so far as to dig up the dead and break their coffins. Perhaps the best known case of this kind is that of Sergeant Bertrand, who, when garrisoned in Paris in 1848, violated several recently interred bodies in the "Cemetiere Montparnasse."

Perversion of the sexual appetite as horrible as the above can exist only in insane people, and necrophiles most certainly are insane.

III. THE PEDERASTS.

It is a well-known fact that the most enlightened peoples of antiquity did not consider pederasty as a vice or crime. In Sparta the law required that men advanced in years should take youths to inculcate in them "virtue and bravery." In the other Grecian cities and states pederasty, although not sanctioned by law, was nevertheless openly practiced. We are accustomed to see antiquity through a prism that shows us its most brilliant colors while hiding its vices.

Among others Alexander the Great was, according to one of his historians "philopais ekmanos," and his aversion to the female sex was so great that he could with the greatest difficulty only be made to take the measures necessary for the perpetuation of his dynasty. That is the effect of the vice, but we must confine ourselves to the disease.

Pederasty is a passion that comes very near to insanity.

A celebrated and almost historical example is that of Count Caius, whose case was reported by Professor Casper.

This was the famous "Society of the Seven Pederasts." When finally Caius was arrested and tried he claimed that he was ignorant of any illegal action on his part. He was judged insane.

* Bulletin de l'Academie de Medecine, vol. xxiii, p. 136.

A society analogous to this was discovered in Paris in the last years of the Second Empire. Some of the most honorable names of France were among its members. A singular accident caused the discovery of this club, which held its meetings in a little house in an out-of-the-way corner of Paris. The government of that epoch, being continually in fear of a political overthrow, imagined that there was a conspiracy on foot. The house was surrounded and its inmates arrested. The secret was thus brought to light.

It often happens that these individuals show unequivocal signs of mental disease. Their genealogical tree contains the proofs of a pathological heredity. In such cases pederasty is a symptom of psychical degeneration rather than a special pathological condition. This would be congenital pederasty. There exists also the acquired form. This is an unnatural inclination that may result from vicious habits, such as alcoholism or masturbation; but may also have other causes, such as the commencement of general paralysis, cystitis and diseases of the prostate in old men.

Pederasty is seen often in hermaphrodites—that is to say, in those individuals whose badly developed genital organs leave their sex in doubt.

We must also insist upon the fact that the great majority of pederasts are by no means insane, but are simply vicious persons, or even ordinary criminals.

IV. THE URNINGS.

There are individuals who, in spite of the normal development and regular working of their genital organs, have not only no sympathy with but even a repulsion for the opposite sex. Their genital appetite is awakened in the presence of persons of their own sex only.

Urnings may be of both sexes, but this perversion is much more common in males.

Patients of this kind are often physically well-developed, but what

constitutes an important characteristic is that they never are pederasts. Pederasty is very repulsive to them. If they are not always contented with platonic love they seek tender kisses and passionate caresses, but they go no farther.

The abnormal physical life of these beings usually develops early, even in childhood, when the child may be seen to prefer the games usually allotted to the opposite sex.

Almost always they have a bad heredity; almost always they have some slight mental disorders; but they always know what they are doing.

Sexual inversion is neither a vice nor an immoral passion, but an unhealthy inclination that has the characteristics of an impulse or an instinct. It is an instinctive and congenital tendency; it is the only way in which a badly organized individual can manifest his sexual life.

Public opinion and the law must take note of these irrefutable facts and trace a line of demarcation between sexual inversion and pederasty.

I have finished, gentlemen, the description of erotic insanity and I sincerely hope that you will not regret the time we have spent in discussing these forms of mental alienation.

APPENDIX.

SEXUAL PERVERSION AND MENTAL DEGENERATION.

Abstract of case xxv, in Professor Magnan's lecture on "Alcoholic Delirium and Systematized Deliriums in Alcoholism."—*Le Progres Medical*, 18, vii, '66.

Joseph J—— has been from childhood the slave of venereal appetites as imperious as disordered. When 6 years old, with some children of his own age, he amused himself by chasing ducks. When he caught one, he put it on his knees and rubbed his genital organs against its cloaca. When 8 years of age he did the same way to a she-goat and to a sow; when 12 years old he used a cow. At 17 years he saw one of his comrades in bed with his mistress, and tried to have her consent to relations with him.

She refused and went away. Then he, carried away by lust, went into the stable and satisfied his bestial passions upon a mare and two fillies. "From that time," said he, "as I could have relations with women almost daily, I have never done any of this nonsense, excepting occasionally for fun."

J—— would try to touch little girls in the fields or in the barn, and would slide his hands under their skirts.

He assures us, however, that he never had any abnormal relations with men or women, but he requires daily relations with the woman who has been his concubine these fourteen years, and who is ten years older than himself. He tells us that "once she was two days ill, and absolutely refused all sexual intercourse, and I was obliged to go to a bagnio to satisfy my desires." His wife knew his unreasonableness and once said to him: "You would want me even if I were dead."

One day in April she was not feeling well and resisted him, and he, being a trifle tipsy, went out and met a young girl in the street, whom he took to a wine shop, where he wished to violate her. As she resisted, he left her and went home; on passing by the room of the "concierge" he asked her to come to his room and help him with his wife, who was ill. Hardly had she put foot over his threshold than he seized her and tried to have connection with her before his wife. It is easy to understand how much he suffers from his desires while in the asylum. He masturbates frequently, and does not try to conceal his onanism.

He says now that he has performed fellatio with men, and recently owned up to having tried cunnilingus on a bitch,

and adds that he only regrets not having tried it on all other animals.

In 1892, at Ville-Eyrard, the wife of another patient having come to see her husband, "that caused great desires, and he would have enjoyed connection with her."

The next day he imagined that he heard the woman's voice saying "if you wish me for your empress, you must eat what you find in the vessel—it comes from me." He found some excrement there and ate it immediately, with pleasure, as he would have eaten an apple.

"It smelt badly," he said, "but it could be done." One other time, while in the closets, a woman's voice commanded him to drink urine, and he did not hesitate to obey. He eats with pleasure, earth, insects, worms and beetles.

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This patient entered Sainte-Anne six times in six years. It was a degenerate, sexually perverted man, who presented constant tendencies to delirium; under the influence of an alcoholic excess these tendencies increase and grow to the most typical ambitious delirium, while toxic delirium is establishing itself on the other hand.

As the asylum the toxic delirium disappears first, then the ambitious conceptions lessen, and the habitual mental condition, a sub-deliriant state, appears.

The End.

Editorial

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MEDICAL PROGRESS IN INDIA.

We have recently learned, with much pleasure and satisfaction, that the Dominion of India has taken on itself the important work of training there those who wish to enter the profession of medicine.

India covers a vast territory and has an enormous population. Until late years the sanitary condition of that country has been very bad, in consequence of which, the mortality there has been enormous from diseases in a large measure preventable; or, at all events, capable of amelioration by medical agents.

Since England came into possession of that country, educated, properly trained physicians were almost entirely provided by "military and Government" sources.

But little encouragement was extended to indigineous medicine, and, hence, as a result the enormous na-

tive population was entirely dependent on physicians provided by the "mother" country. In fact, the old lady in this particular has proved herself anything but maternal; and has practically monopolized the medical patronage of India. The only avenue to an important medical appointment there was through the "service." The unfortunate native being compelled to pay any fee demanded, from one whom he had no voice in selecting, had all this from a nation which clamors so loudly for the "liberty of the subject." Events have proven, however, that our Oriental brethren are not behind England's other colonists in learning to stand on their own base and demanding their rights in medical matters as well as others. In Bombay, a very shrewd and practical primary work was made when

all the native and other non-governmental practitioners came together and formed "the Medical Association of India;" they organized and welded their scattered forces into one compact and systematized whole; selecting as their officers many of the most eminent and distinguished members of the profession.

Their next move was to found a medical college. The new "College of Physicians and Surgeons of Bombay" is now fairly under way; and, judging from the distinguished position which the new faculty occupy in their profession, and the crying need for home-educated physicians in India, there can be no doubt of its ultimate success as one of the greatest teaching institutions in the world.

Naturally enough, it has its scoff-

ers and detractors, who are always clamoring, that there are too many medical colleges; but if we investigate the source of the most of these puerile criticisms, it will be found, among the members of some strong teaching body who are fearful that their own glamour may be diminished by their dangerous rival.

Among the many deservedly noted physicians in India who have labored so hard and accomplished so much for medical progress and medical anatomy in India, none stands forward more prominently, and justly so, than Dr. Laurence Fernandez, the distinguished editor of the *Indian Lancet*, a journal excelled by none other in the English language, save only by its namesake in London; founded and launched by that fearless foe of medical despots, Tom Wakely.

IS THE PHARMACOPEA FALLING INTO DISUSE?

In an excellent article, which it would pay every physician to read, Dr. F. E. Stewart, of Detroit, discusses this important subject before the last meeting of the section on *Materia Medica* of the A. M. A., and which was recently published in its journal. Briefly, he holds the view that there is too little attention paid by the average doctor to the contents of the pharmacopea. Many of the drugs have been unwarrantedly relegated to the shelf; many have kept their place in the official

book, but there are few physicians who ever employ these.

The doctor is right. There are too many unused drugs recognized as officinal. The cause of this seems to lie in the manufacture of pharmaceutical preparations, which tends to drive the physician to the use of a few drugs as lauded by the selling agent, rather than depend on his own knowledge of therapeutic use of pharmacopeal drugs.

It is unfortunate that such a state of affairs exists, for it tends to lower the high standard of the medical profession in the eyes of the public.





Correspondence.

WHAT OTHERS THINK OF US.

103 State st., Chicago, August 15.

Editor "Medical Times and Register:"—Dear Doctor: Your journal for June 20 is augmented in value by reason of the contribution of Dr. Dunham. The profession is not as a body able to appreciate his truths, so inborn is error and drug dominance.

Therapeutics as applied to the cure of acute affections are made insufferably complicated by corporate and private influences and a

reaching out for the mysterious in practice. A journal refused an article of a friend of mine because it offended the proprietary interests of one of the advertisers, not that it mentioned his wares in particular but because the paper advocated non-drug treatment.

The articles of Dr. Manley are both interesting and valuable.

Sincerely yours,

ELMER LEE, M. D.,

The Neurological Section Pan-American Congress.

Dr. C. H. Hughes, Honorary President of this section, is sending out the following invitation to the Neurologists of the United States:

St. Louis, Mo., August 13.

My Dear Doctor: Can I rely upon you for a paper or subject of discussion for the Pan American Medical Congress to be held at the City of Mexico, November 16, 17, 18 and 19 proximo?

I have just been informed—rather tardily I think—of my selection as Honorary President of the Section of Neurology and Psychiatry.

The meeting promises to be an exceedingly profitable and agreeable one socially and scientifically. We should make the best showing we can for American Psychiatry and Neurology. You can materially help in this laudable direction. Will you give me the promise of a paper and of your presence on the interesting occasion? If so, please indicate on the enclosed your intention to be present.

Yours very truly,

C. H. HUGHES, M. D.,

Honorary President Section of
Neurology and Psychiatry.



THE BROOKLYN POST-GRADUATE SCHOOL OF CLINICAL ELECTRO-THERAPEUTICS AND ROENTGEN PHOTOGRAPHY.

OPENING ANNOUNCEMENT.

On September 7 the Brooklyn Post-Graduate School of Clinical Electro-Therapeutics—the second of its kind in this country—will inaugurate its work of practical instruction in the uses of medical electricity.

The establishment of this clinic, which is now for the first time announced to the profession, has been the logical outgrowth of this department of the "Times and Register." Among the many letters that have reached the editor's desk during past years not a few have been appeals for practical information; for directions in technique, and inquiries for useful literature on the subject. They have come from Maine and California, from Texas, Canada, and well-nigh every State between. Henceforward a practical means through which we shall endeavor to contribute the teachings of experience and original research to aid others to rational progress in this branch of medicine will be the Brooklyn Post-Graduate School of Clinical Electro-Therapeutics and Roentgen Photography.

The need of instruction in scientific electro-therapeutics in medical colleges has been commented on by many writers, by none with greater accuracy and force than by Dr. W. J. Herdman (Prof. of Diseases of the Nervous System and Electro-Therapeutics in the University of Michigan, and ex-President of the American Electro-Therapeutic Associa-

tion), in his introduction to a lately published text book:

"About 10,000 physicians within the borders of the United States make use of electricity as a therapeutical agent daily. Many others find occasional use for it. The surgeon and the ophthalmologist, the dentist and the gynaecologist—in fact, the specialist in whatever field—finds it a valuable aid to treatment, an indispensable handmaid. It is the mainstay of the neurologist, both in diagnosis and treatment, and the rapid increase of exact knowledge in this branch of medical science is largely due to the service it has rendered. The more familiar we become with the manipulation of electric energy the more do we recognize its adaptations to the requirements of disordered physiological condition. It is a lack of familiarity on the part of electro-physicists and physiology more than any other cause that has retarded the progress of electro-therapeutics. Had every student during the past decade been made acquainted during his medical course with the action of electric energy upon the various tissues of the human body, and had he been instructed in the management of such appliances as are commonly employed for controlling such energy, there is not a general practitioner or a specialist among them who would not be using it daily in his practice with increased satisfaction to himself and benefit to his patients. So wide is the range of adaptability of electricity to the treatment of disease that it must become the common property of every physician, no matter whether his work is general or special in its nature. It needs no further illustration or argument to show that the time is ripe for systematic instruction in electro-therapeutics in our medical schools. The profession at work in the field recognizes its needs. The extensive list of disorders yielding to such treatment renders this indispensable. But how should it be taught in order that the best results may be at-

tained and the science most rapidly advanced? What ought the physician to know who undertakes the therapeutical application of electric energy if he would direct his treatment with an intelligent purpose and most efficiently?"

Those who are personally familiar with the capacities of electricity in one or another form as a curative agent are aware that the widely extended and general usefulness of which it is capable is retarded by ignorance of the technique of its management, and that great disparity of results arises from lack of uniformity in methods and apparatus. Two facts bearing on the case have been stated by me in the following language:

"Between the indications for a surgeon's knife and the unsatisfactory routine treatment of many chronic conditions there is a field unoccupied successfully by any therapeutic agent except electricity. It would seem to be the duty of the general profession to keep step with such progressive and beneficial therapeutics. Both the essential apparatus and the operative skill to use it are happily now within easy reach of the practitioner. With less difficulty than he acquires the simple technique of minor surgery, for example, he can familiarize himself with the management of a proper coil or galvanic apparatus. What is now most urgently required at the bedside of the invalid is not so much further advancement in laboratory medicine as more generally diffused and accurate knowledge of the clinical results already obtained by demonstrated methods and an appreciation of the bearing of these results and methods upon medical practice."—*Comparative Therapeutics*, by Dr. S. H. Monell. *American Medico-Surgical Bulletin*, April 25, 1896.

Again: "The general practitioner who reads up a case which he proposes to treat with some form of electricity has usually two chief questions in his mind—'What current shall I use?' and 'How shall I apply it?'"

"But when the physician has selected the current which appears to be particularly indicated, he has solved less than half his problem. So important do I consider the adaptation of method to administration that I regard every other question in electro-therapeutics as subordinate to this; for in certain cases either, or any, current may be so wisely administered as to produce good results, while the current actually and primarily indicated in the same cases may be so unskillfully applied as to lead to nothing but disappointment. It is not alone a question of which pole shall I use—sedative or stimulating?—but I must take into account the selection of the proper electrodes (size, shape and material), their appropriate placement, the regulation of the correct dose, the duration and frequency of treatment, as well as the preparation and management of the pa-

tient. Even with all this done for him the student may still ask, 'How shall I apply these electrodes to get the desired effect? Shall I turn the current on first or afterwards? Shall I develop the full strength slowly or all at once? Shall I keep the electrodes still or move one or both of them about?' Shall we reply, 'It depends on the effect desired?' That is true, but how does this answer help the physician who asks the question. He requires explicit directions until his practice and observation make him partly independent of directions from others, and enable him to elaborate his own technique.

"Correct method is largely the explanation of brilliant successes in electro-therapy; incorrect method—careless, ignorant, harmful, or aiming at the wrong mark—is the reason of many discouraging failures. In applications to special organs, the eye, nose, throat, within the pelvis, bladder, and uretra, an expert knowledge of how to do the correct thing is not secondary in importance to determining what should be done. In estimating the relative place of electricity among the relative agents it is, in my judgment, a question not of what effects will electricity produce in or upon the human tissues, but rather what effects can a skillful operator cause particular electrical currents to produce in any or all doses, by the dexterous manipulation of ingenious electrodes ingeniously applied, and by the employment of every helpful method so far devised by specialists. The answer to the question in this form would put the true stamp of value upon medical electricity. No other view of the subject does."

(Dr. S. H. Monell in *Journal of Electro-Therapeutics*, July, 1896).

In a yet unpublished Ms. I also remark the following:

"The clinical demonstration of the benefits of electricity in disease has without question gone far beyond the general knowledge among physicians of how to prescribe and properly apply it. Articles on the subject in current medical journals are a dead letter to the vast majority. Increased opportunity for instruction in this branch of medicine has become a necessity to the general practitioner. The surgical operator's skill is the result of his postgraduate experience, and so must be the skill of the electro-therapist. To acquire this skill a mastery of correct technique is a self-evident fundamental necessity. Amid the marvelous development of electricity in industrial lines it has also made less rapid but substantial strides in both medical and surgical practice, and accurate information regarding means and methods of employing it is becoming more and more in request among physicians everywhere."

With the definite need for special post-graduate clinical instruction thus clearly recognized by the editor of this department, steps were taken by me in October, 1895, which, it was

hoped, would, ere this, develop a chair of electro-therapeutics in one of our principal institutions. Circumstances, however, have devolved upon individual action the responsibility of providing, without another year or more of delay, the means of practical clinical experience in the uses of electro-medical currents. Among the barriers which interpose to prevent the demonstration of this branch of medicine in every hospital dispensary is the room required and the cost of suitable equipment. The cost of fitting up an ordinary medical-clinic room is little more than that of desk and chairs, but the outlay for electrical rooms, complete and worthy of name, may exceed two or even three thousand dollars. Fortunately this obstacle—generally prohibitive—has been inoperative in the present case. In founding and establishing the Brooklyn Post-Graduate School of Clinical Electro-Therapeutics an important advantage is derived from my past zeal in the accumulation and improvement of high-efficiency apparatus. The mechanical resources at my command for clinical employment are therefore exceptional in variety and interest. Among them the Monell high tension induction apparatus, now made by the Jerome Kidder Manufacturing Company, 820 Broadway, New York, was described in these columns when originally devised by the author. So also have been minor, but useful suggestions. During last summer several of our issues were also devoted to the physiology and therapeutics of static electricity, which will be demonstrated in the clinic with the Morton-Wimshurst-Holtz machine, the leading instrument of its type yet constructed in this country. The operating power is a 1-6 horse power Crocker-Wheeler motor, installed by Messrs. Blackall and Baldwin, 126 Liberty street, New York.

Reserving mention in detail of other appliances which in their entirety compose a model electro-therapeutic equipment more various and complete than any other, save one, in

the world, it is proper to state briefly something of the aims to be accomplished. The general direction of the clinic and instruction will be under my personal supervision, with attention in particular to induction coil apparatus, static machine and Roentgen photography. Since the presentation of my paper, "Roentgen's Contribution to Surgical Diagnosis" (Brooklyn Medical Journal, May, 1896), the usefulness of the process has been enlarged and its value confirmed.

The manifold services of both continuous and interrupted currents in the pelvic conditions of women will be illustrated to the classes by Dr. Fannie W. Oakey. Skilled assistants will have charge of cautery work and such other special branches of instruction as will be incorporated in the clinic under my direction.

Dr. A. D. Rockwell, of New York City, author of the standard treatise on "Medical and Surgical Uses of Electricity" (just issued in its ninth and revised edition) formerly Professor of Electro-therapeutics at the New York Post Graduate Medical School and Hospital, and conjointly with Dr. Beard, the early enunciator of much that is most valuable in the accepted principles and methods of to-day, will be consulting physician. No more gratifying announcement could be made.

It would seem superfluous for the editor of this department of this medical journal to express a single word of assurance that the conduct of the clinic will be such as to conserve and promote the best interests of the medical profession.

Unfortunately—though largely, it must be owned, through professional laxity—there has sprung up a common and unscientific use of electricity in hands from which it should be the aim of all reputable physicians to retrieve it. Unquestionably no one save the medical man or woman who by education and training is competent to assume the responsibilities of the physician should ever direct, prescribe or administer an electro-

*Made by the Galvano-Faradic Manufacturing Co., 300 Fourth avenue, New York City.

**Read before the Kings County Medical Society, April 21, 1896.

therapeutic application. No one will be admitted to our classes who is not recognized as a reputable practitioner, or student of medicine.

In regard to the course of instruction which this clinic will afford it is sufficient to say that it will be essentially "practical." Theory, and a knowledge of physics and electrophysiology can be acquired in other ways, but a knowledge of manual technique, of the resistances of the human body, of the electrolysis of living tissues, of the requirements of electrical applications to various parts of the human anatomy when the subject is not a laboratory specimen, but a living being, sensitive to pain and susceptible to injury, can only be attained by actual clinical experience.

It is this experience—which must be reinforced by much other essential instruction conveyed by clinical talks—which it is our aim to provide our classes. Our students will learn in practice to allay pain, to stimulate muscular action, to quicken the torpid processes of nutrition, to promote absorption, to excite secretion, to revive nerve inactivity, to heal ulceration, to arrest hemorrhage, to reduce congestion, to dissipate strictures and tumors and to cauterize and destroy abnormal growths by means of electricity in one or the other of its several useful manifestations.

Just here I am reminded, however, that in these days of three, four and even six-year compulsory courses in undergraduate medical colleges the average physician does not know what electricity can do for him in his practice, nor what he must learn about it to make it useful. It may therefore not be too elementary to survey this field ere closing.

The electro-therapeutical world has advanced beyond "shocking machines" and "giving shocks." The "family battery" is also as far in the rear of the high-efficiency apparatus which the educated physician should possess to-day as the tallow dip is behind the electric light.

The study of up-to-date electro-therapeutics is replete with variety and filled with profound interest.

The average practitioner who desires to use electricity as understandingly as he prescribes drugs, and as an adjunct to other agents of the *materia medica*, will, at the beginning wish to know the difference in activity, dosage, quality, character and effects between galvanic, static and faradic currents. The application of Ohm's law to constant and interrupted, primary and induced, direct and alternating currents will call for comprehension in its turn. The student will read in text books of anode and cathode, of sedative and stimulating effects, of electrolysis and cataphoresis, of soluble electrodes, of Apostoli's method, of galvano-puncture and galvano-cautery, of static breeze and sparks, of central galvanization and general faradization, of milliamperes, of meters, of rheostats, rheophores, rheotomes, coils and cells, and the clinic will give him practical knowledge of these things. Before the physician can join the great and increasing resources of medical electricity to his armamentarium he must learn when and how to prescribe it. He must be taught its indications in general, and the current, dose and method in particular. He should know how to apply it himself or to direct a trained nurse how to apply it properly. With an interest which constantly gains from study he will inquire how to apply induction currents from long, medium or short coils (fine or coarse), so that they will stimulate or soothe; produce intermittent muscular contraction or physiological tetanus; allay or excite pain, combat congestion and inflammation, reduce hyperplasia, relieve a contusion, increase wasted or non-developed muscular structure, tranquilize the nervous and circulatory systems, increase peristalsis, promote nutrition and hasten absorption. It is the purpose of the clinic to teach the necessary steps to produce these effects.

The forms of application most frequently required in gynecology should also become familiar to the medical student. Owing to the lack of sensitive nerves in the parts, and to the very much greater conductiv-

ity of moist, soft, mucous tissues a given current per vagina will produce far less pain than when applied to the dense, resisting skin.

The properties and effects of galvanic currents are more complex than those of faradic currents and demand more skill and care in their proper use. The practitioner requires to know how to control, direct and apply the constant, chemical current so that, at will, he can make it anodyne, sedative, denutritive, anti-congestive, hemostatic, styptic, caustic or cautery in various doses on the one hand; or with the opposite pole increase capillary circulation and nerve irritability, soften and break down exudative material, liquify tissues and promote osmosis and absorption, stimulate functional activity, and increase, diminish or arrest deranged secretions. Clinical experience is required to familiarize the practical physician with the methods of producing these effects, and to enable him to consider the relative indications for prescribing any form

of current, and to equip him with the technique as well as the theory of application.

The above hints glance at but faradic and galvanic resources. The field for investigation in static electricity is very rich and will supplement effects which neither of the other currents will produce in character. With improved modern apparatus it has again achieved a therapeutical importance commensurate with its remarkable history. My share in developing its clinical value and obtaining for it the recognition it deserves is too well known to readers of this journal to need more than passing mention here.

The term electro-cautery sufficiently suggests its own field of work. A prospectus of the Brooklyn Post-Graduate School of Clinical Electro-Therapeutics will be sent upon application. For further particulars and terms for instruction inquiries may be addressed to the author.

—S. H. Monell, M. D., 865 Union street, Brooklyn, N. Y.



Current Medical Literature.

IODIDE OF MERCURY HEMOL IN SYPHILIS.

Dixon Mann (Med. Chronicle, February, 1896) says that hemol is an organic compound of iron obtained from blood, and has been combined with several of the heavy metals by Kobert, of Dorpat, at whose request the author made a clinical trial of iodide of mercury hemol. It is given in two three-grain pills three times a day, and possesses the great advantage that it can be taken for a considerable period without causing salivation, and is especially useful for anemic persons requiring mercury. A trial of it was made in cases of squamous and papular syphilitic iritis and two cases of syphilis. The iodide probably aids the mercury in its action on skin diseases, and when the squamous stage is reached iodide of mercury hemol appears to act more quickly than blue pill of pil. hydrarg. subchlorid.

TOXINS CONVERTED INTO ANTITOXINS BY ELECTRICITY.

D'Arsonval and Charrin (Sem. Med., February 5, 1896) found that they could attenuate toxins by passing constant or interrupted currents through them. They have succeeded by varying the strength of the current, in attenuating them so that the toxins serve as vaccines. Experimenting on guinea pigs, vaccines so prepared protected them from virulent cultures of *B. pyocyaneus*. Vaccine prepared from diphtheria toxins was not so successful, but it certainly

raised the resistance of the animals to subsequent injections of pure cultures. One of the most important results was the attenuation of toxins by rapidly alternating currents (more than 200,000 times).

BALSAM OF PERU IN ITCH.

At a recent annual meeting of the Societe Francaise de Dermatologie et de Syphiligraphie (Sem. Med., April 15) Jullien stated that he had used balsam of Peru, according to the method followed by Peters and Tantarri, in about 300 cases of itch. Balsam of Peru contains an essential oil, the vapor of which is extremely toxic to the acarus. The patient is rubbed in the evening for 15 to 20 minutes with the balsam; it is not necessary to rub hard, as the vapor is sufficient to kill the parasite. The patient sleeps afterward in a night-shirt impregnated with balsam of Peru, and the next morning he is soaped all over and has a bath. This treatment is particularly useful in patients affected with secondary eczematoid and dermatitic lesions and in weakly persons, in the subjects of heart disease, in pregnant women and in nurslings.

PEROXIDE OF HYDROGEN.

Dr. Warren Brown, of Tacoma, Washington, in a paper on "Peroxide of Hydrogen," read before the Washington State Medical Society, and published in the Medical Sentinel, of Portland, Ore., February, 1896, after

alluding to its method of manufacture, speaks of it therapeutically as follows:

Gonorrhea may often be aborted by using a full strength hydrogen dioxide injection immediately on the very first appearance of discharge. The injection should be used four to six times in 24 hours and retained for five minutes.

Cystitis, where pus is voided with the urine, often yields rapidly to a solution containing two ounces to the pint.

Otitis media is treated by hydrogen dioxide solutions in various strengths from 6 per cent. upward.

Eye diseases, where there is a purulent external inflammation, are constantly being benefited by this agent. The Wills Eye Hospital, Philadelphia, uses a 50 per cent. strength of the so-called 15 volume solution. Blepharitis marginalis is quickly cured by touching the edges of the lids once or twice daily with a strong solution, care being taken to avoid getting it into the eye.

Ulcers of all kinds improve rapidly under its use, and for treating and cleansing venereal sores, as chancre, etc., it is of great service.

Empyema, especially where there is from the first a stinking sanious exudation following incision, is very satisfactorily treated by washing out the cavity with a solution from one-half to full strength.

In appendicitis the abscess cavity is cleansed with this solution by many operators, in preference to any other antiseptic. Robert T. Morris, of New York, has laid special stress on the value of the peroxide in these cases.

In follicular tonsillitis the use of a spray, diluted just enough to prevent the smarting sensation, and alternating with this one of the alkaline antiseptic sprays, or gargles, is a very satisfactory procedure.

Diphtheria and all naso-pharyngeal inflammations where there is a pseudo-membranous and septic condition have been treated very widely by means of this agent. I like the plan of Jennings, in Detroit, who uses an irrigation of an aqueous solution of one-eighth each of hydrogen

dioxide and listerine. He throws the solution into the pharynx with an all-soft rubber syringe every two or three hours. The plan is an admirable one for treating children, and the combination is pleasant and effective.

Atrophis rhinitis is benefited remarkably by the use of a 40 per cent. spray. It should be used a few minutes before the employment of the usual alkaline, stimulating spray, and the powder insufflations. In this way the scabs are loosened, muco-purulent secretions are dissolved and a stinking breath is converted into one that is pure and sweet.

In acute cases of eczema of the leg we find this agent of the utmost value. The tissues are inflamed, hot, swollen and oozing, the itching is almost unendurable, the odor is offensive. To secure the best results the limb is elevated and a diluted solution of the peroxide is applied frequently with cheese cloth, gauze or an atomizer. In two or three days a marked change for the better will be apparent, the pruritus is allayed, the purulent exudation is checked and all inflammatory symptoms are subsiding. At this stage we begin the use of a soothing ointment, such as the boracic acid or zinc oxide, using lime liniment to wash the parts instead of water. Under this treatment, combined with rest, we will see our patient rapidly cured.

Eczema of the anus will rapidly improve if the fissures are touched twice a day with this solution, then dried gently with cotton, and a glycerite of lead application made. In nearly every form of acute eczema in the first and second stages the peroxide will give us the keenest satisfaction. The regular solution is diluted with two or more parts of water. Hydrogen peroxide is an excellent anti-pruritic and for this purpose it is widely used.

The hemostatic value of this drug, as pointed out by Dr. Emerson Brewer, of New York, I can indorse. In operations on the nose and throat I have upon two occasions been enabled to check a persistent hemorrhage, when Monsel's solution and plugging had failed. At present I

am in the habit of applying the full strength hydrogen peroxide after every operation on these parts. It is of special value after sawing out a deviated septum.

For flushing out a mammary abscess cavity this agent is invaluable.

Applied to the cervix uteri, adherent mucus is removed and our medications can be applied.

When it is inadvisable or impossible to make a complete opening of a fissure or abscess, irrigation with the peroxide will be found superior to all other antiseptics.

We have in peroxide of hydrogen a prompt, safe and efficient germicide. By its oxidizing power it rapidly decomposes pus, diphtheritic mem-

branes, and other morbid putrefying material. It is a thorough deodorizer and as a cleansing agent for foul wounds, abscesses, etc., it has no equal.

Of the different preparations of peroxide, Marchand's has been most uniformly satisfactory.

Since writing the foregoing paper my attention has been called to hydrozone, a stronger solution of peroxide of hydrogen, which for some months I have been using with much satisfaction.

Dr. Beverly Robinson is of opinion that appendicitis is closely connected with rheumatism and yields readily to the salicylates.



Foreign Exchanges.

Translated by F. E. CHANDLER, M. D., Boston, Mass.

CONTRIBUTION TO THE STUDY OF HEMATOPORPHYRINURIA.

Five years ago Salkowski, and then Hammarsten called attention to a curious change in the urine, a rare anomaly of coloration and a phenomenon that usually accompanies diseases that terminate fatally.

Salkowski, on submitting the urine in question to a chemical analysis, concluded that the coloring matter is identical with the hematine obtained from the iron, or hematoporphyrin.

It was evident that this substance is formed in the animal organism by decomposition of the coloring matter of the blood.

On the other hand, both Salkowski and Hammarsten have made positive experiments which allow them to affirm that hemtaporphyrinuria may be caused by the administration of overdoses of sulphonal. This has been confirmed by other experimenters.

Authors give a detailed account of the experiments made by Stokvis, of Amsterdam, who produced hematoporphynuria by overdoses of sulphonal. They made 100 similar experiments and always with negative results. They found a reddish coloring matter in the urine of a few rabbits, but it was not hematoporphyrin.

—Berliner Klin. Wochensch.

A CASE OF HERMAPHRODISM.

Professor Pozzi presented to the Academie de Medecine a very interesting case of this. Hermaphrodites are divided into two grand classes—

the "gynandroids," or women who resemble men in the configuration of their genital organs (Pean); these cases are quite rare. Then come the "androgynoides." These are far more common, and among them may be classed certain hypspadiae, with vulvoid appearance of the genitals and the penis resembling a clitoris. Lastly we have the true androgyni, whose external genitals, vulva, clitoris, vagina, breasts, resemble completely those of a woman, and have in addition no beard and a feminine voice.

In them it is impossible, without an operation, to diagnose their true sex.

The patient in question was of this kind. "She" had never menstruated, nevertheless she had congestive phenomena with epistaxis periodically for 12 years.

After an abdominal operation an unknown gland was removed from her and this upon microscopic examination proved to be a testicle. Sexual desires, that were completely null before the operation, have become very violent since. The patient is strongly attracted toward the male sex.

—L'Independence Medicale.

DISINTOXICATION OF THE BLOOD.

M. Barie obtained cures in four severe diseases (one pneumonia, two uremias and one cerebral rheumatism) by clearing the blood of toxines through injecting serum in quantity equal to the amount of blood he removed by bleeding.

—Progres Medical.

AUTOCHTONOUS LEPROSY.

MM. Long and Valmey presented to the French Society of Dermatology and Syphiligraphy a patient suffering from autochthonous leprosy. He was from Brittany and had never left his country. He knew of no other leper in his family, but had been suffering since his 8th year (he is now 31) from a characteristic mixed leprosy.

Histological examination showed the presence of Hansen's bacillus.

The acute development is of recent origin and came on after an intermission of 22 years.

—Progres Medical.

TREATMENT OF ERYSIPELAS.

Dr. Koster proposes the following simple method of treatment of erysipelas.

He smears the diseased parts and their neighborhood with vaseline twice daily and then covers this with a linen mask or bandage.

The rest of the treatment is purely symptomatic. Author treated 130 cases in the hospital at Gothenburg and got results equally favorable to those following other methods of treatment. Ichthyol, according to the author, gives worse results than iodine or sublimated vaseline. He says, "the duration of the fever is the same when plain vaseline is used as when other methods are employed. No method of treatment gives any absolute guarantee against generalization of the disease. Vaseline is simple, non-toxic, non-irritant and fully as efficacious as the other topical applications.

—Therapeutische Monatshefte.

PERFECT PLACENTA PREVIA CENTRALIS; MOTHER AND CHILD SAVED.

Actualite Medicale publishes one of the rare instances where the placenta was completely inserted on the inferior segment of the uterus, so

that the os was closed and the edge of the placenta could not be reached. Hemorrhage, as might be expected, was most alarming. The patient was aged 30 and in her fourth pregnancy. The period ceased after August 10, 1894. Hemorrhage set in on April 25 and continued. On May 17 Dulo-roy was called in. The perineum was found torn; the laceration had taken place at the previous labor. A bleeding, elastic mass filled the upper part of the vagina. No part of the fetus could be felt. On abdominal palpation the head was found presenting, but not engaged in the pelvis. After plugging and various palliative measures labor set in on May 24, at 11 P. M. By 2 A. M. the os was wide enough to allow of version. A jet of blood, as though from a big tap, issued from the vagina just before the hand was introduced. Turning was successfully performed and the uterus contracted vigorously, cramping Dulo-roy's hand, yet effectually checking hemorrhage. The lacerated perineum allowed the shoulders and head to be delivered with ease. The infant remained in a state of suspended animation for an hour. After its expulsion the uterine hemorrhage ceased entirely. The mother was well in three weeks and the child was in perfect health. The most scrupulous antiseptic precautions were used at and after the labor.

Pinard notes that perfect placenta actually occupying the central point of the os, is extremely uncommon. He firmly believes that insertion on the lower segment of the uterus may be explained by the concussion of railway traveling during the first weeks after conception. Dulo-roy's patient was a laundress, and he thinks that the movements of the body in the exercise of her vocation may have brought about the vicious insertion of the placenta. He feels sure that it was lucky that the perineum was torn in this case, as it allowed of rapid extraction of the fetus when the bleeding was simply appalling, even to an expert.

—Dulo-roy.

Current Surgical Literature.

T. H. MANLEY, M. D., New York, Editor.

CURATIVE ACTION OF IODINE IN ACTINOMYCOSIS AND THE SUCCESSFUL TREATMENT OF SARCOMA BY LEGERDEMAIN AND CHARMS.

M. Duquest, before the French Academy, presented a case of buccopharyngeal actinomycosis successfully treated by iodine, internally. Internal treatment acted readily, effecting a prompt cure. He made external applications of a 25c. sol carbolic acid, conjoined at times with interstitial injections of iodine tincture. The mass inflamed, suppurated and cleanly healed without a scar.

M. Reclus read a report on an essay by Legrain on "Sarcoma in Algiers." Three cases were cited. In one it attacked the lower eye-lid and returned after excision. A local charletan cured it by sorcery. Another case came under Legrain's own care, which he successfully treated himself by similar means. In the third case a massive sarcoma of the mastoid was effectively cured by a neighboring witch. In all these cases the diagnosis had been verified by a morphological examination. But M. Reclus calls attention to the fact that the microscope is a more reliable aid in many of these cases, as there is practically an identity between globo-cellular sarcoma and tuberculous hyperlosia. The general characters of both are quite the same, rapid growth, great density, intermittent, excruciating pain and tendency to recurrence in the deep cervical chain.

He emphasized the importance of accurate diagnosis before recourse is had to radical measures.

—Gazette Hebdom. de Med. et de Chirurg. 23 Juillet, 96.

ON THE TREATMENT OF INOPERABLE CASES OF CARCINOMA OF THE MAMMA; SUGGESTIONS OF A NEW METHOD OF TREATMENT, WITH ILLUSTRATIVE CASES.

—By George Thomas Beatson, M. D., Edin.

(Abstract from the London Lancet of July 11 and 18, 1896.

The doctor recognizes two groups of inoperable cases of cancer; first, those reappearing after operation, and secondly, those which have progressed so far that no local removal can be attempted. He cites three cases, one illustrative of the first, and the other two agreeing with the second group.

The first case is a married woman, thirty-three years of age, and the mother of two children, the older being three and the younger child one and a half years of age. While nursing her first baby she noticed a small, painless lump on the outside of her left breast; twenty months later, while nursing her second infant, she observed that the lump was increasing in size. After nursing the baby for ten months she weaned it and applied to the Glasgow Royal Infirmary for treatment.

On admission, in January, 1895, the center of her left mammary gland measured 5 inches across and 3 1-2 inches in vertical diameter, while small modules infiltrated the surrounding skin. About 2 inches above the nipple a small ulcer was seen. She was apparently strong, healthy and robust. On January 25, 1895, she was operated upon, the auxiliary glands and part of the pectoral muscle being removed; she seemed to make a good recovery, and was discharged in March. After a month had elapsed she again applied

for admission to the hospital, as a discharge was coming from the wound, but she was informed that no operative measures could relieve her.

Although there are several points in carcinoma upon which the profession is a unit, still there are two in which there is not the same unanimity of opinion, namely—as to the purely local origin of the disease, and the interpretation to be put on the structures known as leberto specific cancer cells. There are some who claim that the local origin of carcinoma starts from a blow or some irritation, while others aver that it is purely the cause of blood disease. Coming, then, to the interpretation put on cancer-cells. Dr. Beatson thinks that they are simply epithelial cells undergoing vacuolation, in the course of what is evidently a degeneration.

He interested himself in the subject of lactation in the sheep of Scotland. At this time (1876) cerebral localization was very much talked about, and he took up its study. He found that the secretion of milk, though affected by the general nervous system, had no special nerve supply of its own. Besides, it was clear to him that lactation is at one point perilously near becoming a cancerous process if arrested at all. In fact, he learned that one organ could hold control over the secretion of another and separate organ, such as the ovaries have over the mammae. Above all, he was struck with the local proliferation of epithelium seen in lactation. Here was the very thing characteristic of carcinoma of the breast, and, indeed, of cancerous processes everywhere; but, differing from it in that it was held in control by another organ, and could either be arrested by that organ altogether, or continued to a further stage, where the cells became fatty and passed out of the system, not only in an innocuous, but also in a nourishing fluid—milk.

Modern pathology teaches us that all pathological changes are modified physiological ones, and that a knowledge of the forces controlling the one may sometimes give us a

clue to the other. Dr. Beatson wondered whether or not cancer of the mamma was due to some ovarian irritation; and if so, would the cells undergo the fatty degeneration seen in lactation, were the ovaries removed. To ascertain this he removed the ovaries from suckling rabbits, and the three cases he tried confirmed the fact.

Thinking that the thyroid tabloids might influence the growth, and possibly effect a cure in carcinoma, Dr. Beatson resorted to this treatment in the case under consideration, on May 11; but, in a month, as there was no appreciable change, the proposition of the removal of the ovaries and tubes was put to the woman and her husband, and with their consent an oophorectomy was performed on June 15. The breasts were kept clean with boric lint. The thyroid tabloids were resumed, and eight months after operation every vestige of her former cancerous disease had disappeared.

He removed the ovaries and tubes from another woman, who recovered from the operation with a disappearance of the disease from the left breast, but in the right breast there developed a small module, and then she was placed on the thyroid tabloid treatment.

The third case was a woman, 49 years old, who had passed the menopause, and who had a large sore on the left breast. She was given the thyroid tabloid treatment with no noticeable results.

CONCLUSIONS.

To recapitulate: Dr. Beatson urges the following points: (1) That there seems evidence of the ovaries and testicles having control, in the human body, over local proliferations of epithelium; (2) That the removal of the tubes and ovaries has effect on the local proliferation of epithelium which occurs in carcinoma of the mamma, and helps on the tendency carcinoma naturally has to fatty degeneration; (3) That this effect is best seen in cases of carcinoma in young people, a class of case where the local removal of the disease is unsatisfactory.

TREATMENT OF ANKYLOSIS OF THE HIP.

Lorenz (Berliner Klinik, June, 1896) is opposed to the practice of subtrochanteric osteotomy in cases of osseous ankylosis of the hip joint. He asserts that by division of the femur below the trochanters the malposition of the lower limb cannot be overcome without further shortening due to the angular bend of the shaft of the femur at the seat of section. A much better treatment, it is argued, is subcutaneous division by chisel and mallet of the osseous bond between the head of the femur or the remaining portion of the neck of the bone on the one hand and the external surface of the ilium on the other. The operation as applied to the most frequent conditions of ankylosis of the hip, in which the head of the femur has been absorbed, is called pelvi-trochanteric osteotomy. Several advantages are claimed for this method. The osteotomy being what is termed in a linear one the external wound, is very small, and the operation may be easily performed and produces very little disturbance of the soft spots. As the correction of the deformity is affected by an immediate attack on the angle causing the malposition of the limb, there is no interference with the shaft of the femur, the length and

normal direction of which are still maintained. It is stated that no difficulty will be experienced in restoring the normal position of the limb if, at the same time, the adductors and the muscular and fibrous structures in front of the joint be divided subcutaneously. The relations of the surfaces of the divided bones to one another are very favorable to a restoration of the proper direction of the limb, whether this be fixed in a position of flexion, abduction or adduction. The after-treatment in cases in which pelvi-trochanteric osteotomy has been performed is extremely simple, as there is no necessity for long confinement of the patient, who, by the application of a plaster apparatus to the affected limb and by elevation of the opposite foot on a patten, may be enabled to leave his bed on the fifth or sixth day. This operation, it is held, besides effectually removing the fixed osseous deformity, will, provided the after-treatment be carefully attended to, in all probability result in the formation of a movable joint and in the restoration of the seriously impaired muscular action of the limb. These conclusions are based on the results of six cases in which pelvi-trochanteric osteotomy has been performed by the author, full reports of which are given in this lecture.



Current Literature in Obstetrics and Gynecology.

E. D. KINNEY, M. D., Boston, Editor.

ORIGIN OF MULTILOCULAR OVARIAN CYSTS.

Burckhard, of Zurich (Virchow's Archiv, vol. cxliv, Part 3, June, 1896), has investigated the origin of multilocular ovarian cysts, and concludes that all arise in the germinal epithelium, or from Pfluger's tubes, derived from them. The cysts appear to develop in fetal life as a true malformation. Burckhard cannot find any evidence that a cystoma may develop in a normally-formed ovary. The cutting off of cysts from the epithelial tubes is brought about by the underlying connective tissue, and not by an active growth of the epithelium. When a cyst is already developed it does not increase by the pressure of its contents, but by active hyperplasia of its connective tissue wall with a similar but secondary growth of the epithelial elements.

SUDDEN DEATH DURING ATTEMPTED ABORTION.

De La Touche (Sem. Gynec., June 23, 1896) describes a case of high interest, not only from a medico-legal aspect, but also in relation to intrauterine injections. A woman, pregnant for the seventh time, sought the aid of a female herbalist, who prepared a hot solution of salt and soap. The patient succeeded in introducing the nozzle of a syringe into the os uteri. On this point De La Touche observes that women in hospitals have repeatedly been found able to

pass sounds and catheters into the uterus with facility. In this case the herbalist pressed the ball of the syringe, but before half the injection had entered the uterine cavity she found that the patient had fainted. Death occurred rapidly. A judicial inquiry was held and the uterus carefully examined. The cervix was soft and patulous, the os internum admitted the tip of the forefinger. The membranes were detached in the lower segment, but the placental zone was quite intact. There was no perforation or peritonitis; the fetus was well developed, and of the seventh month. The heart was somewhat fatty. Thus death seemed to be due simply to syncope from a stimulus arising in the uterus. It was a phenomenal inhibition. Syncope has been observed after passage of sound.

PROLAPSE OF PLACENTA: FATAL HEMORRHAGE.

Chevillot (Anne Med. de Caen, No. 1, 1896) writes of a woman, aged 24, who suffered from almost constant flooding during the last month of her third pregnancy. Labor pains began and flooding became severe. The medical attendant, who lived far off, arrived after some delay, and found the placenta completely free in the vagina. He extracted it and delivered the child with forceps. The patient was extremely exhausted and died an hour later in spite of all efforts to revive her.

VENTRIFIXATION AND VAGINAL FIXATION.

Klotz (Centralbl. f. Gyn. p. 538, 1896) reports to the Dresden Gynaecological Society that in 13 years he has operated on 279 retroflexions, with the following results:

	Total.	Cured and under Observation.	Improved.	Cured by Supplemenary Operation.	Failures.	Cured but not under Observation.
Ventrifixation ...	97	62	7	1	5	39
Vaginal fixation .182	111	22	3	13	58	

The results of subsequent conception were:

	Operations.	Conceptions.	Abortions.	Normal Labor.	Forceps (low).	Cross-birth Version.	Retrodexion Recurred.
Ventrifixa-tion	97	12	7	4	..	1	1
Vaginal fixa-tion182		34	13	15	5	1	2
And 1 case of extrauterine pregnancy after vaginal fixation.							

He did not meet with any after-trouble or difficulty in labor due to the operation, and he attributes the unfavorable experience of others to faults in technique. It is a mistake to fix the fundus or uterus too high in ventrifixation, or to attach the anterior wall of the uterus, uncovered by peritoneum, to the vagina. He practices vaginal fixation only when the uterus is movable—or can be made so by Schultze's method—or in connection with prolapse operations. In the latter he has seen very good results. Ventrifixation he only performs after laparotomy for other reasons, or when the adhesions require the use of the knife. He no longer secures the stump of one tube in the wound, with subsequent drainage, but uses two stitches in the line of the tubes and 1 cm. lower down.

TREATMENT OF INVERSION AFTER LABOR.

Abouladze (Sem. Gynec., May 26, 1896) recently introduced a discussion on this subject at a meeting of the Kieff Gynaecological Society. His patient was a primipara, aged 23. The midwife had pulled on the cord

and the placenta came away, followed by troublesome hemorrhage. Three weeks later a bleeding mass presented at the vulva. Complete inversion had occurred without prolapse; the cervix was lacerated. Abouladze employed a dilated bag, introduced into the vagina, and also made use of electricity, administering ergotin and cornutin. When reduction had commenced the lower part of the uterine cavity was plugged. In 27 days the patient was well. Abouladze maintained, in the face of opposition, that he was right in using these therapeutic measures to stimulate contractions. The two drugs were muscular stimulants as was electricity, and they were employed one after the other to avoid any cumulative action. Rein agreed with him that the hydrostatic bag pushed up the uterus steadily, without leaving the fundus invaginated after its reduction through the cervix. Directly the bag was introduced expulsive pains set in. The increase in size of the bag did not accelerate reduction; ergotin produced the desired effect.

THE EFFECTS OF LACTATION ON MENSTRUATION AND IMPREGNATION.

1. Of nursing women, 57 per cent. only have absolute amenorrhea.
2. Forty-three per cent. menstruate more or less, but 20 have absolute regularity.
3. Impregnation does not take place so readily during lactation as at other times, but this is not true to such an extent as has been imagined.
4. If absolute amenorrhea is present during lactation the chances of impregnation occurring are only six out of 100.
5. If menstruation occurs during lactation the chances are 60 in 100.
6. The more regular a woman is during lactation the more likely is she to become pregnant.
7. During a menstruating lactation the changes in the uterus are presumably similar to those connected with the ordinary monthly per-

iods, and the mucous membrane forms a nidus for the ovum.

8. In the woman who does not suckle at all the menses appear, as a rule, some time in the first six weeks after delivery.

—Abstract of a paper by Dr. L. Remfrey, before the Obstetrical Society, London.—Canada Med. Record.

THE PRONE POSITION FOR VERSION.

Mensinga (*Centralbl. f. Gyn.*, June 6, 1896) recommends the prone position for version. The genital canal is thus in a much more favorable position; the operator has more room, his arm is prone all the time, and his sense of touch and muscular feeling is much more exact than when, with the woman on her back, it is supine and some of the muscles of the forearm are twisted. The uterus is shortened and the os pressed into the pelvis; the vagina is also shortened and therefore more dilatable, so that the introduction of the hand is much facilitated. The os uteri is more easily passed, and the back of the hand resting the whole time against the spinal column, the proper way is indicated in which to lay hold of the child's extremities. For the patient the disagreeable position across the bed is avoided. She lies at full length, with a pillow below her thorax and her head turned to one side; the operator sits comfortably on a stool by the bedside. It is an advantage for him to be ambidextrous, so that there need be no turning the bed about. Such accidents as separation of the uterus from the vagina or embolism from the introduction of air into the womb do not occur. The operation is much less painful; the less the opposition the less the force required and the less pain and, what is more important, the less force the more delicate the sense of touch. The passage of the hand through the vulva is the worst part, and more painful than its presence in the vagina; the dilation of the latter tends to dilate the os, and it is seldom hard to introduce the hand into the womb; the shortening of the womb brings the parts toward the hand, which has not

to explore so far, and the woman has less of the sensation of "raking out her bowels." Chloroform is not necessary, but can be replaced by an injection of morphine if desired. The perineum is constantly in sight, though it cannot invariably be saved, as he gives a case to show. Mensinga has adopted this method for the past eight years, with increasing satisfaction.

AN EXPLANATION OF "SUPER-NUMERARY" OVARIES.

It is shown by Engstrom that an ovary may be pulled in two by the traction of inflammatory adhesions. This fully accounts for many "supernumerary" or "accessory" ovaries, though the author admits of a more genuine form. Of the first type was a specimen which he removed together with a myomatus uterus. The patient was fifty-three, and had suffered repeatedly from pelvic inflammation. The omentum and several coils of small intestine adhered strongly to the back of the myoma, and to the appendages. Both tubes were obstructed. There appeared to be two ovaries on the left side. On closer inspection they were seen to represent one left ovary drawn out in two pieces, though still connected by a band like a piece of string over half an inch long. This band contained Graafian follicles. The inner part of the ovary lay in normal relation to the uterus; the ovarian ligament was well developed. The tissue was healthy. The other part of the original ovary was destitute of any ovarian ligament in an anatomical sense; much of its interior was occupied by a blood cyst, so that little normal ovarian stroma existed. Engstrom, however, declares that in the course of another operation for fibroid he met with a true congenital supernumerary ovary. A myoma was enucleated from the right broad ligament. The right ovary was 13.4 inches long and 4.5 inch broad, and was connected by an ovarian ligament with the uterus. Within an inch inferior and internal to it lay a second ovary, 1 inch long and 1.2

inch broad; there was a true and distinct ovarian ligament, and no trace of any inflammatory change in its neighborhood.

AN OPERATION ON A TUBAL CYST; STERILITY CURED.

On April 10, 1895, a tumor of the left ovary was removed from a woman, aged twenty-five, by Gersuny. It proved to be a tubo-ovarian cyst. The patient had menstruated since 17, and had been married five years without conceiving. Gersuny found that the right tube ended in a blind, dilated pouch "as big as a walnut." The ovary was normal. There was no trace of peritonitis. The tubal sac was incised at the point where it touched the ovary; dark fluid escaped, and the mucous

membrane was found perfectly healthy. The ovary was invaginated (excepting a small part of its substance attached to the broad ligament) into the hole made into the tube, and the edges of the hole were sown to the ovary by interrupted sutures. Then the abdominal wound was closed. The patient menstruated at the beginning of June, July and August, but no more after August. Gersuny saw her on November 25. She was in good health; the breasts were rather tense, the cicatrix of the abdominal wound dark purple in color, and the uterus spherical and as big as an orange. The fundus rose above the symphysis, and the cervix was very short. The experimental operation seems to prove that a tube after it has become succulated can resume its functions if its tissues have not been destroyed by disease.



Therapeutical Progress.

PURULENT RHINITIS IN CHILDREN.

There is a general impression that purulent rhinitis is always due to a syphilitic, tubercular or scrofulous diathesis or to unusual uncleanness. J. Homer Coulter believes that a stenosis in the nasal passage, with resulting change in the epithelium, is a more common cause than any of these. Purulent rhinitis must be carefully differentiated from the condition following adenoids, impacted foreign bodies, a sinus involvement, or a necrotic process. The serious results of purulent rhinitis are exhaustion of the epithelial cells and mucous glands of the nose, causing an atrophic rhinitis, change in the voice, pharyngitis, tonsillitis and bronchitis; there may be also gastric disturbance caused by swallowing the discharge, or indefinite septic symptoms, such as furunculosis, anemia, or the so-called lithemic conditions. The treatment is, first and foremost, absolute cleanliness by means of an alkaline antiseptic spray.

—Chicago Med. Rec.

CANCER OF THE RECTUM.

Dr. George J. Monroe has obtained good results from the use of an injection of fresh slippery elm bark in water, the patient also drinking as much of the mucilage as possible with lemon juice.

—Cin. Med. Jour.

CARDIAC THERAPEUTICS.

Dr. William H. McEnroe's experience had been that, as a rule, better results were obtained from combining the heart tonics. By combining strophanthus, digitalis and nitro-

glycerin we got all the good effects of these drugs without their bad effects. The best remedy for attacks of true angina pectoris, in his opinion, was the nitrate of amyl, freely inhaled. For cardiac dyspnea and cardiac insomnia he knew of no better drug than some preparation of opium.

—Am. Med. and Surg. Bul.

THE ABSORPTION OF IRON PREPARATIONS.

It is a now generally accepted fact that inorganic iron preparations are practically worthless in blood therapeutics, while organic compounds exert varying effects in the ratio to their absorbability. The albuminate preparations have a certain degree of value because they supply—in loose combination—the components from which the system can compound the required form of iron, just as it is abstracted from all food. This natural form of iron, as it is found in the tissues, and particularly in the liver, where it "comprises the reserve store for blood formation"—is ferratin, as substantiated by the studies of Schmiedeberg, Marfori and Filippi and confirmed by other equally high authorities, including Professor Chittenden, of Yale.

These investigators have proved that ferratin is present in all human organisms, that it is absorbed from animal and vegetable food, and is stored principally in the liver—"to feed the blood." When, therefore, the physician treats his anemic patient with carefully selected diet, exercise, hygienic measures, etc., he unconsciously enlists the aid of the digestive and other organs to manufacture the required ferratin from the food undigested. This is a laborious

task, because the organs are weak, and it is empirical practice, because there is too much uncertainty in trusting to the debilitated system to work its own recovery, even if useless inorganic iron preparations are added.

Schmiedeberg and Marfori having proved the identity and function of ferratin by conclusive physiological tests, which facts are now incorporated in text books and medical literature, proceeded to duplicate natural ferratin by a synthetic process, in order to make the product available for therapeutic use; they succeeded in combining tartrate of iron with albumen by a complicated chemical process, yielding an iron albuminic acid—of ferratin. This product is chemically and physically identical with the natural ferratin as it can be precipitated from pigs' liver (containing the highest percentage of ferratin among animal food) or spinach (highest percentage among vegetables), and further physiological and clinical tests have proved that this product is quickly absorbed and assimilated, supplying the requisite amount of iron to the blood without taxing the system, and increasing the appetite and quickly stimulating the vital power.

There is nothing vague about the claims for ferratin. It is a logical, scientific agent, designed on careful consecutive investigations by the highest international authorities, and it has clinically redeemed every promise made for it, by increasing blood corpuscles and hemoglobin, improving appetite and general well-being and markedly increasing body weight.

Sajous' Annual for 1895 quotes the unqualified clinical tests and indorsements of ferratin of such authorities (in addition to the authors of the product, Schmiedeberg and Marfori), as German See, Jaquet, Banholzer, John Harold and Hugo Wiener—the foremost therapeutists of Germany, Italy, France, England and Austria. In America ferratin has been indorsed in print by Einhorn, of New York; Fackler, of Cincinnati; Chittenden, of New Haven; Perekhan, of Chicago; Spencer, of Cleveland, and

verbally or in practice by hundreds of the foremost practitioners in all parts of the United States.

There are many iron compounds and blood tonics, all clamoring for preference; none has the scientific status, based on physiological investigation and proof and indorsed on clinical records by authorities of highest rank and unquestioned sincerity, as possessed by ferratin and duly recorded in all standard text and reference books of recent issue.

NOTE ON EUCAINE AS A LOCAL ANESTHETIC.

By Robert Brudenell Carter, F. R. C. S., Eng., Consulting Ophthalmic Surgeon to St. George's Hospital.

Dr. G. Vinci describes eucaine as possessing the properties of cocaine as a local anesthetic, but as being less toxic and as having no effect upon the pupil. The last statement seemed to me to be of practical importance, because a dilated pupil is an impediment to the performance of many operations upon the eye. It has long been my practice to neutralize the dilating effect of cocaine by a preliminary application of eserine, but this course is not entirely satisfactory. It is difficult to secure the precise degree of effect which is desired, while the eserine dilates the vessels of the iris and occasions free bleeding when they are incised. It also renders the iris tissue comparatively rigid, so that it is less easily drawn out of the anterior chamber. I obtained a supply of a 5 per cent. watery solution of eucaine hydrochlorate from Mr. Rogers, 327 Oxford street, and used it last week for a cataract extraction, the patient being a woman. Before my arrival the nurse had applied a drop of the solution within the lower lid every five minutes for six times and I found the eye perfectly insensitive. The pupil was unaffected and acted readily to light. There was scarcely any bleeding from the cut iris; there was perfect quiescence of the muscles and there was no pain. I asked the patient whether she had felt anything and she replied, "I felt something moving about my eye, but it did not

hurt me." There was no pain afterward and healing was uninterrupted. I have since successfully used a single application of the same solution as a preliminary to the removal of a foreign body imbedded in the cornea.

In the original paper it is said that eucaine has been successfully used in dentistry and laryngology, and that solutions may be injected hypodermically without injury. My first experiments will induce me to use it again and for tenotomies as well as for iridectomy or extraction. It is said that the solution above mentioned may be sterilized by boiling, again and again if necessary, without undergoing decomposition or suffering any deterioration of quality.

—From the *Lancet*, London, July 11, 1896.

A HIGH REPUTATION SUSTAINED.

The Medical Times and Hospital Gazette, London, May 30, 1896, speaks so favorably of its experience with the American analgesic, antipyretic and anodyne, a preparation the medical profession has become accustomed to regard as one of the certainties of medicine, that we reprint below its words of approval, knowing them to be in accord with the consensus of opinion as expressed by the medical men in this country. "Antikamnia—under the above name, a free translation of which is 'opposed to pain'—now being introduced to the profession in the United Kingdom, is an analgesic, antipyretic and anodyne drug which has already gained a high reputation in the United States. It is a coal tar derivative and belongs to the series which form the various amido compounds. It differs therapeutically, however, from most coal tar prod-

ucts in producing a stimulating, instead of a depressing action on the nerve centres, especially those acting on the heart and circulatory system; hence it may be administered, even in large doses without fear of producing collapse and cyanosis, as occasionally occurs after the administration of antipyrin and other similar analgesic compounds. It has been very largely used in influenza, hay fever and asthma, with good results; but its most markedly beneficial effects are experienced when administered in neuralgia, rheumatism, sciatica, headache and pain due to disorders of menstruation. As an antipyretic, it is recommended to be given in doses of from five to ten grains every ten minutes, until the temperature has been reduced, or until 40 or 50 grains have been taken, after which the remedy should be given at intervals of greater length. To relieve pain it is recommended to begin with a five-grain dose; three minutes later the same dose to be repeated and, if the pain continues, a third dose to be given a few minutes after the second. In our practice we have not found it necessary to give the remedy at such short intervals. In the treatment of neuralgia and headaches we have had satisfactory results from giving five-grain doses at intervals of 10 to 20 minutes, until three or four doses have been taken. We may add that the drug is sold in tablets (three and five-grain sizes) as well as in the powdered form. The former may be swallowed whole or crushed and dissolved in glycerine and water, or in an alcoholic menstruum. The powder is conveniently given in catchets, or dissolved in a little wine or aromatic tincture, combined with glycerine or syrup. The drug is deserving of trial, and those among our readers who have not yet tested it should write for a sample."



Miscellany.

NITROGLYCERINE IN ANGINA PECTORIS.

Schott, of Nauheim (Therapeut. Monatshefte, March, 1896), has found that (1) it acts best in pure angiospastic forms of angina pectoris, not so well in cardiac pain due to aortic disease, and still less in stenocardia due to myocarditis, fatty or "weak" heart. It has very little action on the cramp-like pains due to aortic aneurism, and is often of no use at all in the pure motor neuroses of the heart; (2) its action on different people can never be predicted; (3) if toxic symptoms appear after a small dose it is best to discontinue the drug altogether; (4) if no toxic symptoms appear, gradually increasing doses can be given safely; (5) the form of administration is important, as Schott has found it to be most active given in a liquid medium, and combined with tinct. capsici, spir. rect., and aq. menth. pip.; (6) it acts surprisingly quickly and its action is generally at its height after two or three minutes; (7) it is generally necessary, when several small doses are without effect, to give larger doses. In some cases a single large dose acts best; (8) it is certain that much more than 1 mg. (1-65 of a grain) can be given as a single dose.

THE TREATMENT OF GASTRIC ULCER.

Cramer (Munch. med. Woch., June 23, 1896) speaks of the importance of the treatment of gastric ulcer by large doses of bismuth. He first refers to the various views held by different observers on the value of bismuth in this disease. Fleiner's method consists in washing out the stomach in the early morning, and introducing into it 10 to 20 g. of bismuth subnitrate in 200 c.cm.

of water; 50 c.cm. of water is run in afterwards. In five to six minutes the bismuth is deposited over the stomach, so that a clear fluid can be drawn off. The patient then remains in a position in which the bismuth is supposed to come best in contact with the ulcer for half an hour when he breakfasts. The results, according to Fleiner, are exceptionally good. The action of the bismuth is (1) mechanical, (2) physiological on the nerve endings, and (3) antiseptic. Symptoms of poisoning were never observed, even with very large doses of bismuth, although poisoning has been known to occur after the external application of bismuth. Of course, caution is necessary. The patient should be told that the stools will be black. The author has employed Fleiner's treatment, with this exception—that the stomach tube is not used. He gives 8 to 10 g. of bismuth suspended in water on an empty stomach in the morning. A suitable position, as described above, is then adopted. Details are given of some 12 cases. Good results may be obtained with this treatment even when the patient is not on a strict diet. In 10 out of 12 cases the results could hardly have been more satisfactory. The author recommends this treatment, and especially in more chronic cases of gastric ulcer. Finally he refers to the well-known difficulties of diagnosis in suspected cases of the ulcer.

STRANGULATION OF THE PENIS BY AN IRON SCREW NUT.

Weinlechner (Wien. klin. Wochenschr., No. 24., 1896) reported to the Vienna Medical Society the case of a boy of 14 who, having passed his penis through the lumen of a screw-nut two days before ad-

mission, had been unable to withdraw it. The peripheral portion was much swollen, and the foreskin very edematous, but micturition was not arrested. The hexagonal nut was 3.2 cm. in diameter by 2.3 in thickness, the lumen was nearly 2 c.m. across. His father had tried to remove it with a file. Four greased strips of linen were passed through the nut on four sides of the hexagon, and by traction on these while the central end of the organ was kept steady the nut was drawn off. The excoriation and swelling soon disappeared.

SARCOMA OF CECUM.

Homans (Annals of Surgery, July, 1896) records the case of a girl aged 5 who somewhat suddenly began to suffer from abdominal pain and emaciation. A movable tumor could be felt on the right iliac fossa. Laparotomy was performed, and the tumor arising from the anterior wall of the cecum was found to be adherent to the ileum and to have grown both into the wall of the cecum and into the ileo-cecal valve. It was successfully removed. Microscopically it was a small spindle-celled sarcoma.

PUERPERAL CONVULSIONS IN TWIN SISTERS.

Hanemann (Munch. med. Woch., No. 20, 1896) writes of twin sisters who both bore a pregnancy well and were delivered normally. Yet both were seized shortly after delivery with bad headaches and amaurosis, then with violent eclampsia. Subcutaneous injections of morphine arrested the convulsions in both patients. Some congenital irritability of the cerebral cortex clearly existed in both cases.

CENTRAL LESIONS IN THE FETUS AFTER DYSTOCIA.

Schultze (Centralbl. f. Gynak., No. 21, 1896) notes how in many cases of children suffering from mental or nervous diseases it has been found that at their birth labor was difficult, or at least prolonged.

Schultz and Pfeiffer, examining three infants which died shortly after delivery by forceps or turning, detected very evident nerve lesions. Multiple hemorrhages were discovered in the bulb, the medulla, and the cord. In such as survive, it is easy to understand the development of nervous diseases.

IS "COLLOID" IN THE PERITONEUM MALIGNANT?

Toth (Centralbl. f. Gynak., No. 28, 1896) describes two cases of what he terms "pseudo-myxoma peritonei;" in other words, the free deposit of colloid matter, escaped from cysts, over the whole peritoneum, forming a gelatinous covering to the intestines and omentum. In one case the cyst was bilateral; one patient was 43, the other 51; both patients are free from recurrence. Backer described a similar case, where, as sometimes happens in colloid cysts, though the peritoneum was freely plastered with the material, no hole or laceration could be found in the cyst wall. It appears that the colloid deposit atrophies after the removal of the tumor.

MARMOREK'S SERUM IN SCARLET FEVER.

Josias (Sem. Med., May 20, 1896) bearing in mind the fact that most of the complications of scarlet fever are due to infection with the streptococcus, treated some cases with antistreptococcic serum. In the first period 49 children were injected with an average dose of 5 c.cm. of the serum obtained by Nocard from a sheep. Except urticaria, no bad symptoms were observed. In the second period 96 children were injected with an average dose of 10 c.cm. of the serum, some, however, receiving as much as 90 c.cm. This serum was obtained from a horse, and was much more active than that from the sheep. Streptococcic abscesses at the seat of inoculation occurred in 4, lymphangitis in 8, polymorphic eruptions in 10, and purpura in 7 cases. As a result of this

treatment Josias thinks pseudo-membranous angina, unaccompanied by suppurating glands, improved more quickly than usual. It had no effect, however, on suppuration, even though due to the streptococcus, and none on albuminuria, temperature, or the general course of the disease. The mortality in cases treated without serum was 5.81 per cent.; in those treated with serum from the sheep 2.08 per cent.; and in those receiving serum from the horse 5.31 per cent. Thus the lowest mortality was observed in those treated with the serum obtained from the sheep, which was the least active of the two.

ENLARGEMENT OF THE THYMUS.

Biedert (Berl. klin. Woch., June 29, 1896) discusses this condition as a cause of death with croup-like symptoms, and records a case in an infant aged 10 months. In spite of the negative results of examination it was looked upon as a case of croup. A moderately pronounced projection of the upper portion of the sternum was, however, noted, and here the percussion note was also impaired. As intubation gave no relief tracheotomy was performed. Later attempts to get over the obstruction with a catheter revealed

an almost insurmountable resistance in the trachea. At the necropsy there was great swelling of the thymus, which projected against the upper end of the sternum. Some bronchial glands were also much enlarged. After the removal of the thymus there were no evident remains of the pressure upon the trachea, but there was no other obstruction whatever in the air passages. Sections of the thymus showed that both the follicles and the interstitial tissue were occupied by round cells, and that there was a greatly increased vascularity. This enlargement of the thymus has been found in other reported cases to be the direct cause of death. The author then refers to the relation between enlarged thymus and spasm of the glottis. Friedleben proved that a constant causal connection between enlargement of the thymus and spasm of the glottis could not be established, but his statistics showed that in fatal cases of spasm of the glottis a large thymus was more frequently found than a small one. The cause of death must lie below the larynx in cases of enlarged thymus, and is due either to pressure on veins with the consequent circulatory obstruction, or to pressure on the trachea and bronchi. In the case here referred to both factors were present.



Prescriptions.

ONE TO SIXTEEN "COLD" CURE.

R. Menthol crystalgrs. iii.
 Acid boracicdr. i.
 Bismuth subnitdr. iss.
 Pulv. gum benzoïndr. iss.

M. Triturate well.

Sig.—A pint from one to 16 times a day will cure a cold in the head without the suspension of labor or housing up. If you have been or thought of prescribing a fake remedy try the above combination, and you will at once become a convert to a sound remedy.

DR. R. L. PATTERSON.

ACUTE CYSTITIS.

Dr. L. G. Baldwin states that relief can be obtained in 12 hours and often in a much shorter time by the administration of sandalwood oil, together with benzoic acid, and a cure is practically obtained in from two days to a week. The sandalwood oil is best given in capsules, five drops every hour or ten drops every two hours, until the tenesmus and almost constant desire to urinate is removed, which will usually be after two or three doses; then the interval may be lengthened, or better, the doses lessened as it is rapidly absorbed and eliminated, until at the end of a week it may be discontinued altogether. The benzoic acid is best given combined with birorate of soda, as—

R. Sodii biboratgr. xlv.
 Acid benzoicgr. xxxv
 Aqueiii dr.

Of this two tablespoonfuls should be given every three or four hours in water till the urine is acid in reaction as shown by litmus.

—Brooklyn Med. Jour.

CREOSOTE.

From it two very gratifying results are found: 1. It possesses undoubted power to relieve the foetor of the expectoration in foul-smelling cases of bronchiectasis and phthisical cavities. 2. In small doses (1 to 2 minims thrice daily) it promotes the appetite, and tends to stimulate the powers of digestion. Beyond this it

is not found that it modifies in an appreciable manner the ordinary course of phthisis.

—New York Med. Record.

INFANTILE DIARRHOEA.

Dr. J. E. Thompson recommends the following prescription:

R. Creosotegtt. ij
 Oxide of zincsch. iv
 Acacia mucilageoz. ij

Mix thoroughly. Dose, one teaspoonful often enough to keep the bowels restrained. The creosote may be increased to two drops to the ounce of the mixture, when it is well borne and the fermentation is very great, which is indicated by soap-suddy discharges. Opium should be used very carefully. Just before the child takes nourishment give from three to five grains of Taka Diatase.

—Medical Review.

TREATMENT OF SURGICAL SHOCK.

In an article on the above subject Dr. E. Boise gives the following resume: First, the inhalation of nitrate of amyl, not only while the patient is on the operating table, but repeated at intervals until the full effect of other remedies is obtained. Second, the hypodermic injection of nitroglycerine in doses that ordinarily would be almost toxic. With this, if the case be not urgent, rectal injections of hot saline solution repeated as often as the bowel will tolerate it. If the case be urgent the fluid must be thrown into a vein. This method is of the utmost value. Finally, sulphate of strychnia administered hypodermically in doses regulated by the indications in each case. The author also refers to the administration of one or one and one-half grain of codeine hypodermically, just before the anesthetic, to anticipate the occurrence of shock, and in a measure to prevent it in severe operations.

—Amer. Gyn. and Obstet. Jour.

For Physicians' Wives

HINTS TO HOUSEKEEPERS.

Instead of keeping ice in a dish where it will quickly melt, tie flannel loosely on the dish so that it drops into the bowl, and keep the ice in a flannel bag.

* * *

In washing grained woodwork use clear water or weak cold tea. Where there are finger marks to be removed, such as around the door-knob or on the window sill, a little fine soap may be used, but only just enough to do the work, for soap should not be used on this wood-work if it can be avoided.

* * *

To remove the smell of onions on the hands ground mustard, slightly dampened, rubbed thoroughly on hands, after which wash with sand soap.

* * *

The rubber rings of fruit cans will recover their elasticity if soaked for a while in weak ammonia water. This is quite an item when canning is being done, and the rubber rings are found to be stretched out of shape.

* * *

Wash willow furniture with warm water and castile soap, wiping very dry with a soft cloth, then dry in the sun or near a fire. To bleach it, after washing in warm suds, set in a box without drying, put a small dish of burning sulphur inside and cover the box for half an hour.

* * *

The latest reading in lamp regulations precludes any trimming, but

instead a scraping off of the charred wick with a visiting card, and a clipping then of any loose strings that may remain. The corners should be clipped off somewhat as the finger nails are shaped by a manicure, and with this daily treatment the wick should give no trouble. Black, sticky burners will be restored to almost pristine freshness by boiling them in vinegar to which two teaspoonfuls of salt have been added. And, lastly, polish the chimneys with a cloth dipped in alcohol, touching no water to them.

* * *

The latest card cases and pocket-books are made from a leather that is called elephant's hide. It has rather a rough surface, and is of a light tan color. They are mounted at the corners in dull gold, or have a plain gold band around them, headed by a narrow beading.

* * *

In Swiss and German farmhouses bread baking is done only once every three weeks, and such a thing as stale bread is unknown. The bread is put away in a peculiar manner, which tends to preserve its freshness. Sprinkle flour freely into an empty flour sack, and into this pack the loaves, taking care to have the top crusts of two loaves touching. When they have to lie bottom to bottom sprinkle flour between them. Tie up the sack and hang it up in a dry, airy place, where it can swing. The day before the loaf is wanted take it out, brush off the flour, and stand it in the cellar over night. Treated in this manner bread remains good several weeks.—Boston Budget.

Copper gauze is more durable for the window and screen door used in seaside cottages than the ordinary wire netting.

When grease is spilled on the kitchen floor or table pour cold water over it instantly. By so doing it will harden, instead of sinking into the pores of the wood, and can be easily removed.

Dyed palms are very decorative as a frieze in a summer room, and are not very expensive. A cool living room in a seaside cottage has the walls covered with gray fishnet, with palms used as a finish.

A stone crock or box of tin with a cover, preferably the first, is the only safe place in which to keep cloths that have been dipped in oil or turpentine and used for polishing floors or furniture.—Chicago Record.

CARE OF THE OILCLOTH.

An oilcloth may be made to last many years by touching up worn spots with a little oil paint that matches the color and a coat of good copal varnish once a year (that is often enough) is well. Never scrub oilcloth, but wash it with a soft flannel cloth and lukewarm water or cold tea. Warmed skim milk is a good wash, as it brightens, cleans and preserves the cloth. Twice a year clean off quickly with hot soap-suds, dry thoroughly and then give a washing with skimmed milk or varnish. Crude petroleum or even kerosene is also good for brightening or cleaning. Dip a flannel rag in the oil—use just a corner of the rag—and rub briskly with it. This should be done after washing the oilcloth. Use but little oil and rub dry. Coal oil, as well as all petroleum products, soon evaporates,

its chief use being in its cleansing qualities.

To clean linoleum take equal parts of olive oil—which is usually cottonseed or peanut oil—and sharp vinegar and rub well with a flannel rag. If dirty, first wash the linoleum with soap and water, or, better still, cleanse with kerosene oil, or with water containing a little turpentine. Soda is bad for linoleum, because it readily attacks oil and paint, of which linoleum is largely composed.—Table Talk.

BEAUTY SLEEP.

Do we not all know the folly of keeping late hours, and has it not been said over and over again that an hour's sleep obtained before the bewitching hour of 12 is worth three or four hours' sleep obtained afterward? But do we, any of us, go to bed any earlier in consequence?

Truly it has been said that this is the beauty sleep, for if we do not go to rest in the early hours we cannot possibly obtain the sleep that our tired bodies and wearied, worn-out minds require, and are consequently cross, fretful, pale and languid the next day.

If these late hours are continually kept the necessary strain which we are putting ourselves to, both mentally and bodily, will very soon show its effect, and our health will soon become seriously impaired.

Many people, it is true, cannot get that early rest which is so beneficial to health, on account of their having to work late at night. In such cases it is well for these people to lie in bed later in the morning, or, if this is not practicable, it is a good plan to get an hour or two's rest in the afternoon, and by so doing be fresh and ready for work again in the evening.

